59. *Case of Poisoning by the Berries of the Daphne Mezereon.* By Dr. Schwebes, of Königsberg.—Cases of poisoning by the berries of mezereon are by no means frequent, notwithstanding their resemblance to the common red currant, and the frequency with which the plant is cultivated as an ornamental shrub in gardens. Experiments on animals have proved that these berries contain a very active poison. Mitscherlich killed a dog with twenty grains of the powder, and Linnæus saw a wolf killed by six of the berries. For these reasons, Dr. Schwebes deems the following case of sufficient interest for publication:—

Two children, one a boy of four years of age, the other a girl two years old, rambled unnoticed into a neighbour's garden. On returning home, the boy complained of a sense of burning in the mouth, followed by nausea. He, of his own accord, attributed his illness to his having eaten some red berries which he had found on a shrub in the garden. Medical advice was immediately procured. Before Dr. Schwebes arrived, milk had been given to him, and he had vomited freely, the vomited matters contained a quantity of the berries of the Daphne mezereon, some masticated and some entire. The child continued to complain of dryness and heat in the mouth, and of burning pain in the stomach. A reddish mucus was voided from the throat and mouth, but no abrasion or blister could be discovered on the mucous membrane. The inclination to vomit continued, but nothing was ejected. The pulse was regular.

The girl, who, according to her brother's statement, had eaten the berries as well as himself, was playing about the room, without manifesting any signs of indisposition.

An emetic was given to each of the children: the boy vomited the remainder of the milk he had drunk, mixed with more berries. The girl vomited after a longer interval, and ejected eight entire berries. On visiting the children in an hour afterwards, Dr. Schwebes found both in a state of complete narcotism, with coma: there were convulsive movements of the eyes and upper extremities occurring at short intervals; the pupils were contracted, and scarcely sensible to the stimulus of light.

It thus appears that the poisonous action of mezereon depends upon irritation of the brain and upper part of the spinal cord. The convulsions must be attributed to irritation of the intestinal canal through the sympathetic nerve, as in helminthiasis.

By warm baths, cold affusion to the head, sinapisms to the extremities, and other appropriate treatment, the coma and convulsions disappeared, and on the following day both children had perfectly recovered.

By way of experiment, Dr. Schwebes gave six berries of the same shrub to a rabbit, which masticated and swallowed them: three hours afterwards the animal ate food that was put before it, and appeared none the worse for the poison which it had swallowed.—*London Med. Gaz.*, Aug. 1849, from *Casper's Wochenscrift*, August 26, 1848.

MISCELLANEOUS.

60. *A Statistical Inquiry, as to whether the Proportionate Frequency, the Nature, and the principal Characters of Diseases have undergone in the course of time the great Modifications they are said to have done.* By M. Valleix.—The object the author has in view in the present communication, is to determine whether, by the study of certain diseases in a diagnostic point of view, during an epoch not far removed from our own, and one that is remarkable for its revolutions in medical doctrines, we may arrive at certain conclusions, capable of being generalized and applied to anterior periods. It is continually asked, whether such or such a disease existed heretofore?—whether it prevailed as frequently formerly as now?—and whether changes in hygiene, the progress of civilization, or other more or less powerful influences, have not operated changes in our affections? In reply, we are obliged to confine ourselves to vague generalities.

The period M. Valleix has chosen for examination, is the twenty years intervening between 1819–39, during which facts of such an importance have occurred, as to have almost totally changed the face of science; so that a person, conversant with internal pathology only in works written before 1819, would scarcely comprehend the physicians of the present age. In 1818, appeared the last edition of Pinel's "*Nosographie Philosophique,*" which had constituted the code of medicine in France for twenty years before. The author had, however, now reached the end of his reign, although the attacks of Broussais had not yet completed his dethronement. The latter published his "*Examen*" in 1816, and *his* domination may be said to have continued from 1820 to 1830, to be submitted then, in its turn, to attacks no less vigorous and successful, leaving behind, however, certain general views of undoubted utility, and which have put us on the track of important discoveries. In a third period, from the fall of Broussaisism, we have the prevalence of "rigorous medicine," exact observation, and assiduous experiment replacing doctrines founded on hypothesis and ill-observed facts. Typhoid fever now took the place of that gastro-enteritis, which itself had so violently displaced the ataxic, adynamic, bilious, putrid, &c., fevers of former times. Just as the system of Pinel was about yielding to that of Broussais, in 1819, appeared Laennec's work on Auscultation, imparting a precision to the diagnosis of certain diseases, of material service in solving the question before us.

M. Valleix, having had his attention directed to the large number of deaths from *pneumonia,* occurring at the Salpêtrière (the hospital for aged persons), examined the mortuary list for a long period back, and discovered most remarkable differences in the proportional frequency of this and other diseases. Laennec's work, having been published only in 1819, it required some time to educate physicians in auscultation. Thus, we find, from 1819 to 1821, 60 deaths per annum are set down to *pulmonary catarrh,* a number which, now we know how rarely this of itself produces death, seems enormous. From 1821 to 1829, the number averaged but 14 or 15; and from 1829 to 1839, but 19 per annum. Were cases of *phthisis* mistaken for pulmonary catarrh during the first period? No; for to this disease is also assigned a higher figure (39 and 40) than in later years, when it varied from 20 to 24. Nor do cases of mistaken *pleurisy* explain the difference; for the numbers of these, during the three periods, were respectively 30, 10, and 42. This latter discrepancy of numbers is to be explained by the fact, that, when auscultation was little known, many cases were, from the presence of pain in the side, cough, &c., set down as pleurisies. In the middle period, much hesitation prevailed in pronouncing upon such cases, while the more perfected knowledge furnished the high proportion of the third, and which, probably, in future will be maintained. The true explanation of the diminished number of deaths from pulmonary catarrh, is the vast increase of those proved by auscultation to be due to *pneumonia,* in the aged, as we shall presently see.

The consideration of the *cerebral affections* present analogous facts. From 1819 to 1821, *apoplexy* was alone familiarly known. Ramollissement, the paralysis of the insane, and encephalitis were nearly unknown. From 1819 to 1821, there were 158 deaths per annum attributed to *apoplexy,* which, in 1821–29 sank to 59, and continued at much the same figure (61) during 1829–39. A more exact knowledge of cerebral affections, derived from the investigations of Rostan, Lallemand, Calmeil, Foville, and others, explains this. Thus, in 1819–21, *ramollissement* is only assigned twice as the cause of death, and during the next period, information on the subject not yet being very accurate, it was generally confounded with encephalitis; but, during the next period, the number averages 22. Add the 22 to the 61 apoplexies of this period, and abstract it from the apoplexies of the first, and an approximation of numbers commences. As to *encephalitis,* during the prevalence of Broussaisism, most cerebral affections were so termed. Thus, during 1819–21, two or three deaths per annum are noted; during 1821–29, 48; and during 1829–39, when ramollisement asserted its claims, only 16. Add the 48 encephalites to the 5 ramollissements, and the 59 apoplexies of the Broussaisian period, and we have 112; while, if we abstract from the 161 of these diseases of the first period the 53 of the encephalitis and ramollissement of the second, we have 108—a not very different figure from 112. Next, if we add to the apoplexies and ramollissements of the third period, 61, the encephalites, we have the number 99, which forms some approach to that of 123, obtained by abstracting the 38 ramollissements and encephalites from the 161 of the first period. The *general paralysis* of the insane will serve to fill up the lacunæ. Thus, while, in the two former periods, it only furnished 4 deaths, during the third it furnished 24.

We have now seen a disease, as it were, enveloping in itself and concealing the existence of three others, of a different nature, though occupying the same seat. We next have to observe several others, of apparently different nature, become sunk and lost in one which absorbs them all. During 1819–21, the word *fever* was still pronounced, though tremblingly, and we find 71 deaths attributed to adynamic, and 39 to 40 to ataxic fever. During 1821–29, the adynamic sank to 19 or 20, and the ataxic to 6 or 7; while, during 1829–34, the diminution is still more complete,—the adynamic sinking to 3 or 4, and, after 1834, disappearing altogether, and the ataxic being noted but once in a year. What has become of all these fevers? During 1819–21, little mention was made of *enteritis* (23 per annum) and *gastro-enteritis* (9); but, during 1821–29, they averaged 36 and 37 respectively. It is evident that many fevers became thus transformed; and the proof of it is, the great diminution of these inflammatory affections since the fall of Broussaisism; but the adynamic and ataxic fevers have not reappeared to replace them. Both the fevers and the inflammations have, in fact, disappeared; and, for the explanation of this, we must return to the consideration of *pneumonia.* During 1819–21, this disease figures at 72 per annum; during 1829–39, at 110; and during 1829–39, at 256. Take from this 256 the 72 of the first period, and we have a residue of 184, which has furnished the material for the ataxic, adynamic, putrid, and other fevers, gastritis, gastro-enteritis, and, as we have seen, fatal pulmonary catarrh. Strange is the fact, that Pinel, himself physician to the Salpêtrière, furnished from this very hospital a description of fevers, recorded at the time with enthusiasm; and that these fevers, now termed typhoid, are no longer found within its walls. Stranger still, that Broussais, who saw imaginary gastritis or gastro-enteritis, could not see a real pneumonia! It can now, however, be no longer doubted, that pneumonia is *the* acute disease of the aged, and is, in fact, almost the only one, after a certain age, that occurs.

The general conclusion to be drawn from all that precedes is, that we must not blindly rely upon the statements of authors, to the effect that different diseases have appeared or disappeared at certain epochs, or that they have undergone much change in severity or frequency. We should first assure ourselves that such authors have not been deceived by a simple change of name, and have not thus transformed one disease into another.—*Brit. and For. Med.-Chirurg. Rev.*, April, 1849, from *L'Union Médicale*, vol. ii. Nos. 101–4–7.

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61. *Important Discovery in Ventilation.*—We copy the following from the *Literary Gazette.* We have long been aware that Dr. Chowne has been making experiments in ventilation, and that he has pursued them with an unwearied perseverance. He deserves the success which has attended his efforts to improve this important branch of hygiene. "At a time when cholera, with an appalling voice, calls the most earnest attention to house-ventilation, and dreadful explosions and loss of life in mines demand no less anxious efforts to devise means for the prevention of these calamities, we have much satisfaction in anticipating that human residences may easily be supplied with a continual circulation of wholesome air, and the most dangerous subterraneous works be preserved against accidents from foul currents or fire-damps. Dr. Chowne has enrolled a patent for Improvements in Ventilating Rooms and Apartments, of the perfect efficacy of which, we believe, there cannot be a doubt, and on a principle at once most simple and unexpected. Without going into details at present, we may state that the improvements are based upon an action in the inverted syphon which had not previously attracted the notice of any experimenter—viz., that if fixed with legs of unequal length, the air rushes down into the shorter leg, and circulates up, and discharges itself from the longer leg. It is easy to see how readily this can be applied to any chamber, in order to purify its atmosphere. Let the orifice of the shorter leg be disposed where it can receive the current, and lead it into the chimney (in mines, into the shaft), so as to convert